PLEASE TYPE	OR PRINT	Entered previous May Show
		ves 🗆 no
(X) Ms.		1 1/2-10-8
☐ Mr. Artist_\	CENDKM	L KOSTIHA
Permanent		(Last Name Last)
Address 127	3 W.10:	254 CLEVE 6
Str	eet	Çity
44102 Str	Tel. (210)	281-1176
Zip		
Temporary or		
Studio Address_		
	Street	City
	Tel. (	
Zip		
If you do not pr	esently live in	one of the counties of the
Western Reserve	, in which cou	nty were you born?
Collaborator		
	(If An	
If May Show ent		cepted or not sold:
Artist will p		
	ould dispose of	
Museum sho	luld ship to art	ist at artist's expense
to this add		
Special Instructi	ons	
		instructions or a drawing of
	include below	instructions or a drawing of

